

104TH CONGRESS  
1ST SESSION

# H. R. 2777

To amend title XVIII of the Social Security Act to provide for expanded coverage of preventive benefits under part B of the medicare program.

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## IN THE HOUSE OF REPRESENTATIVES

DECEMBER 13, 1995

Mr. CARDIN introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to provide for expanded coverage of preventive benefits under part B of the medicare program.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

### 3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Preventive  
5 Benefits Improvement Act of 1995”.

### 6 **SEC. 2. SCREENING MAMMOGRAPHY.**

7 (a) PROVIDING ANNUAL SCREENING MAMMOGRAPHY  
8 FOR WOMEN OVER AGE 49.—Section 1834(c)(2)(A) of

1 the Social Security Act (42 U.S.C. 1395m(c)(2)(A)) is  
2 amended—

3 (1) in clause (iv), by striking “but under 65  
4 years of age,”; and

5 (2) by striking clause (v).

6 (b) WAIVER OF DEDUCTIBLE.—The first sentence of  
7 section 1833(b) of such Act (42 U.S.C. 1395l(b)) is  
8 amended—

9 (1) by striking “and (4)” and inserting “(4)”;  
10 and

11 (2) by striking the period at the end and insert-  
12 ing the following: “, and (5) such deductible shall  
13 not apply with respect to screening mammography  
14 (as described in section 1861(jj)).”.

15 (c) CONFORMING AMENDMENT.—Section  
16 1834(c)(1)(C) of such Act (42 U.S.C. 1395m(c)(1)(C)) is  
17 amended by striking “, subject to the deductible estab-  
18 lished under section 1833(b),”.

19 **SEC. 3. SCREENING PAP SMEAR AND PELVIC EXAMS.**

20 (a) COVERAGE OF PELVIC EXAM; INCREASING FRE-  
21 QUENCY OF COVERAGE OF PAP SMEAR.—Section  
22 1861(nn) of the Social Security Act (42 U.S.C.  
23 1395x(nn)) is amended—

24 (1) in the heading, by striking “Smear” and in-  
25 serting “Smear; Screening Pelvic Exam”;

1           (2) by striking “(nn)” and inserting “(nn)(1)”;

2           (3) by striking “3 years” and all that follows

3           and inserting “3 years, or during the preceding year

4           in the case of a woman described in paragraph (3).”;

5           and

6           (4) by adding at the end the following new

7           paragraphs:

8           “(2) The term ‘screening pelvic exam’ means a pelvic

9           examination provided to a woman if the woman involved

10          has not had such an examination during the preceding 3

11          years, or during the preceding year in the case of a woman

12          described in paragraph (3), and includes a clinical breast

13          examination.

14          “(3) A woman described in this paragraph is a

15          woman who—

16               “(A) is of childbearing age and has not had a

17               test described in this subsection during each of the

18               preceding 3 years that did not indicate the presence

19               of cervical cancer; or

20               “(B) is at high risk of developing cervical can-

21               cer (as determined pursuant to factors identified by

22               the Secretary).”.

23          (b) WAIVER OF DEDUCTIBLE.—The first sentence of

24          section 1833(b) of such Act (42 U.S.C. 1395l(b)), as

25          amended by section 2(b), is amended—

1 (1) by striking “and (5)” and inserting “(5)”;  
 2 and

3 (2) by striking the period at the end and insert-  
 4 ing the following: “, and (6) such deductible shall  
 5 not apply with respect to screening pap smear and  
 6 screening pelvic exam (as described in section  
 7 1861(nn)).”.

8 (c) CONFORMING AMENDMENTS.—(1) Section  
 9 1861(s)(14) of such Act (42 U.S.C. 1395x(s)(14)) is  
 10 amended by inserting “and screening pelvic exam” after  
 11 “screening pap smear”.

12 (2) Section 1862(a)(1)(F) of such Act (42 U.S.C.  
 13 1395y(a)(1)(F)) is amended by inserting “and screening  
 14 pelvic exam” after “screening pap smear”.

15 **SEC. 4. COVERAGE OF COLORECTAL SCREENING.**

16 (a) IN GENERAL.—

17 (1) COVERAGE.—Section 1861(s)(2) of the So-  
 18 cial Security Act (42 U.S.C. 1395x(s)(2)) is amend-  
 19 ed—

20 (A) by striking “and” at the end of sub-  
 21 paragraph (N) and subparagraph (O); and

22 (B) by inserting after subparagraph (O)  
 23 the following new subparagraph:

24 “(P) colorectal cancer screening tests (as de-  
 25 fined in subsection (oo)); and”.

1           (2) TESTS DESCRIBED.—Section 1861 of such  
2       Act (42 U.S.C. 1395x) is amended by adding at the  
3       end the following new subsection:

4           “Colorectal Cancer Screening Tests

5       “(oo)(1) The term ‘colorectal cancer screening test’  
6       means any of the following procedures furnished to an in-  
7       dividual for the purpose of early detection of colorectal  
8       cancer:

9           “(A) Screening fecal-occult blood test.

10          “(B) Screening flexible sigmoidoscopy.

11          “(C) In the case of an individual at high risk  
12       for colorectal cancer, screening colonoscopy.

13          “(D) Screening barium enema, if found by the  
14       Secretary to be an appropriate alternative to screen-  
15       ing flexible sigmoidoscopy under subparagraph (B)  
16       or screening colonoscopy under subparagraph (C).

17          “(E) For years beginning after 2002, such  
18       other procedures as the Secretary finds appropriate  
19       for the purpose of early detection of colorectal can-  
20       cer, taking into account changes in technology and  
21       standards of medical practice, availability, effective-  
22       ness, costs, and such other factors as the Secretary  
23       considers appropriate.

24          “(2) In paragraph (1)(C), an ‘individual at high risk  
25       for colorectal cancer’ is an individual who, because of fam-

1 ily history, prior experience of cancer or precursor neo-  
 2 plastic polyps, a history of chronic digestive disease condi-  
 3 tion (including inflammatory bowel disease, Crohn’s Dis-  
 4 ease, or ulcerative colitis), the presence of any appropriate  
 5 recognized gene markers for colorectal cancer, or other  
 6 predisposing factors, faces a high risk for colorectal can-  
 7 cer.”.

8 (3) DEADLINE FOR DECISION ON COVERAGE OF  
 9 SCREENING BARIUM ENEMA.—Not later than 2  
 10 years after the date of the enactment of this Act, the  
 11 Secretary of Health and Human Services shall issue  
 12 and publish a determination on the treatment of  
 13 screening barium enema as a colorectal cancer  
 14 screening test under section 1861(oo) of the Social  
 15 Security Act (as added by paragraph (2)) as an al-  
 16 ternative procedure to a screening flexible  
 17 sigmoidoscopy or screening colonoscopy.

18 (b) FREQUENCY AND PAYMENT LIMITS.—

19 (1) IN GENERAL.—Section 1834 of the Social  
 20 Security Act (42 U.S.C. 1395m) is amended by in-  
 21 serting after subsection (c) the following new sub-  
 22 section:

23 “(d) FREQUENCY AND PAYMENT LIMITS FOR  
 24 COLORECTAL CANCER SCREENING TESTS.—

1           “(1)   SCREENING    FECAL-OCCULT    BLOOD  
2       TESTS.—

3           “(A) PAYMENT LIMIT.—In establishing fee  
4       schedules under section 1833(h) with respect to  
5       colorectal cancer screening tests consisting of  
6       screening fecal-occult blood tests, except as pro-  
7       vided by the Secretary under paragraph (4)(A),  
8       the payment amount established for tests per-  
9       formed—

10           “(i) in 1996 shall not exceed \$5; and

11           “(ii) in a subsequent year, shall not  
12       exceed the limit on the payment amount  
13       established under this subsection for such  
14       tests for the preceding year, adjusted by  
15       the applicable adjustment under section  
16       1833(h) for tests performed in such year.

17           “(B) FREQUENCY LIMIT.—Subject to revi-  
18       sion by the Secretary under paragraph (4)(B),  
19       no payment may be made under this part for  
20       colorectal cancer screening test consisting of a  
21       screening fecal-occult blood test—

22           “(i) if the individual is under 50 years  
23       of age; or

1 “(ii) if the test is performed within  
 2 the 11 months after a previous screening  
 3 fecal-occult blood test.

4 “(2) SCREENING FLEXIBLE  
 5 SIGMOIDOSCOPIES.—

6 “(A) PAYMENT AMOUNT.—The Secretary  
 7 shall establish a payment amount under section  
 8 1848 with respect to colorectal cancer screening  
 9 tests consisting of screening flexible  
 10 sigmoidoscopies that is consistent with payment  
 11 amounts under such section for similar or relat-  
 12 ed services, except that such payment amount  
 13 shall be established without regard to sub-  
 14 section (a)(2)(A) of such section.

15 “(B) FREQUENCY LIMIT.—Subject to revi-  
 16 sion by the Secretary under paragraph (4)(B),  
 17 no payment may be made under this part for  
 18 a colorectal cancer screening test consisting of  
 19 a screening flexible sigmoidoscopy—

20 “(i) if the individual is under 50 years  
 21 of age; or

22 “(ii) if the procedure is performed  
 23 within the 47 months after a previous  
 24 screening flexible sigmoidoscopy.



1           “(3) SCREENING COLONOSCOPY FOR INDIVID-  
2           UALS AT HIGH RISK FOR COLORECTAL CANCER.—

3           “(A) PAYMENT AMOUNT.—The Secretary  
4           shall establish a payment amount under section  
5           1848 with respect to colorectal cancer screening  
6           test consisting of a screening colonoscopy for  
7           individuals at high risk for colorectal cancer (as  
8           defined in section 1861(oo)(2)) that is consist-  
9           ent with payment amounts under such section  
10          for similar or related services, except that such  
11          payment amount shall be established without  
12          regard to subsection (a)(2)(A) of such section.

13          “(B) FREQUENCY LIMIT.—Subject to revi-  
14          sion by the Secretary under paragraph (4)(B),  
15          no payment may be made under this part for  
16          a colorectal cancer screening test consisting of  
17          a screening colonoscopy for individuals at high  
18          risk for colorectal cancer if the procedure is  
19          performed within the 23 months after a pre-  
20          vious screening colonoscopy.

21          “(4) REDUCTIONS IN PAYMENT LIMIT AND RE-  
22          VISION OF FREQUENCY.—

23          “(A) REDUCTIONS IN PAYMENT LIMIT FOR  
24          SCREENING FECAL-OCCULT BLOOD TESTS.—

25          The Secretary shall review from time to time

1 the appropriateness of the amount of the pay-  
2 ment limit established for screening fecal-occult  
3 blood tests under paragraph (1)(A). The Sec-  
4 retary may, with respect to tests performed in  
5 a year after 1998, reduce the amount of such  
6 limit as it applies nationally or in any area to  
7 the amount that the Secretary estimates is re-  
8 quired to assure that such tests of an appro-  
9 priate quality are readily and conveniently  
10 available during the year.

11 “(B) REVISION OF FREQUENCY.—

12 “(i) REVIEW.—The Secretary shall re-  
13 view periodically the appropriate frequency  
14 for performing colorectal cancer screening  
15 tests based on age and such other factors  
16 as the Secretary believes to be pertinent.

17 “(ii) REVISION OF FREQUENCY.—The  
18 Secretary, taking into consideration the re-  
19 view made under clause (i), may revise  
20 from time to time the frequency with  
21 which such tests may be paid for under  
22 this subsection, but no such revision shall  
23 apply to tests performed before January 1,  
24 1999.

1           “(5) LIMITING CHARGES OF NONPARTICIPATING  
2       PHYSICIANS.—

3           “(A) IN GENERAL.—In the case of a  
4       colorectal cancer screening test consisting of a  
5       screening flexible sigmoidoscopy or a screening  
6       colonoscopy provided to an individual at high  
7       risk for colorectal cancer for which payment  
8       may be made under this part, if a  
9       nonparticipating physician provides the proce-  
10      dure to an individual enrolled under this part,  
11      the physician may not charge the individual  
12      more than the limiting charge (as defined in  
13      section 1848(g)(2)).

14          “(B) ENFORCEMENT.—If a physician or  
15      supplier knowing and willfully imposes a charge  
16      in violation of subparagraph (A), the Secretary  
17      may apply sanctions against such physician or  
18      supplier in accordance with section  
19      1842(j)(2).”.

20          (2) SPECIAL RULE FOR SCREENING BARIUM  
21      ENEMA.—If the Secretary of Health and Human  
22      Services issues a determination under subsection  
23      (a)(3) that screening barium enema should be cov-  
24      ered as a colorectal cancer screening test under sec-  
25      tion 1861(oo) of the Social Security Act (as added

1 by subsection (a)(2)), the Secretary shall establish  
2 frequency limits (including revisions of frequency  
3 limits) for such procedure consistent with the fre-  
4 quency limits for other colorectal cancer screening  
5 tests under section 1834(d) of such Act (as added  
6 by paragraph (1)), and shall establish payment lim-  
7 its (including limits on charges of nonparticipating  
8 physicians) for such procedure consistent with the  
9 payment limits under part B of title XVIII of such  
10 Act for diagnostic barium enema procedures.

11 (c) CONFORMING AMENDMENTS.—(1) Paragraphs  
12 (1)(D) and (2)(D) of section 1833(a) of such Act (42  
13 U.S.C. 1395l(a)) are each amended by striking “sub-  
14 section (h)(1),” and inserting “subsection (h)(1) or section  
15 1834(d)(1),”.

16 (2) Section 1833(h)(1)(A) of such Act (42 U.S.C.  
17 1395l(h)(1)(A)) is amended by striking “The Secretary”  
18 and inserting “Subject to paragraphs (1) and (4)(A) of  
19 section 1834(d), the Secretary”.

20 (3) Clauses (i) and (ii) of section 1848(a)(2)(A) of  
21 such Act (42 U.S.C. 1395w-4(a)(2)(A)) are each amended  
22 by striking “a service” and inserting “a service (other  
23 than a colorectal cancer screening test consisting of a  
24 screening colonoscopy provided to an individual at high

1 risk for colorectal cancer or a screening flexible  
2 sigmoidoscopy)”.  
3

4 (4) Section 1862(a) of such Act (42 U.S.C. 1395y(a))  
5 is amended—

6 (A) in paragraph (1)—

7 (i) in subparagraph (E), by striking “and”  
8 at the end,

9 (ii) in subparagraph (F), by striking the  
10 semicolon at the end and inserting “, and”, and

11 (iii) by adding at the end the following new  
12 subparagraph:

13 “(G) in the case of colorectal cancer screening  
14 tests, which are performed more frequently than is  
15 covered under section 1834(d);” and

16 (B) in paragraph (7), by striking “paragraph  
17 (1)(B) or under paragraph (1)(F)” and inserting  
18 “subparagraphs (B), (F), or (G) of paragraph (1)”.

19 **SEC. 5. PROSTATE CANCER SCREENING TESTS.**

20 (a) IN GENERAL.—Section 1861(s)(2) of the Social  
21 Security Act (42 U.S.C. 1395x(s)(2)), as amended by sec-  
22 tion 4(a)(1), is amended—

23 (1) by striking “and” at the end of subpara-  
24 graph (P);

25 (2) by adding “and” at the end of subpara-  
graph (Q); and

1           (3) by adding at the end the following new sub-  
2 paragraph:

3           “(R) prostate cancer screening tests (as defined  
4 in subsection (pp)); and”.

5       (b) TESTS DESCRIBED.—Section 1861 of such Act  
6 (42 U.S.C. 1395x), as amended by section 4(a)(2), is  
7 amended by adding at the end the following new sub-  
8 section:

9           “Prostate Cancer Screening Tests

10       “(pp)(1) The term ‘prostate cancer screening test’  
11 means a test that consists of any (or all) of the procedures  
12 described in paragraph (2) provided for the purpose of  
13 early detection of prostate cancer to a man over 50 years  
14 of age who has not had such a test during the preceding  
15 year.

16       “(2) The procedures described in this paragraph are  
17 as follows:

18           “(A) A digital rectal examination.

19           “(B) A prostate-specific antigen blood test.

20           “(C) For years beginning after 1998, such  
21 other procedures as the Secretary finds appropriate  
22 for the purpose of early detection of prostate cancer,  
23 taking into account changes in technology and  
24 standards of medical practice, availability, effective-

1       ness, costs, and such other factors as the Secretary  
2       considers appropriate.”.

3       (c) PAYMENT FOR PROSTATE-SPECIFIC ANTIGEN  
4 BLOOD TEST UNDER CLINICAL DIAGNOSTIC LABORA-  
5 TORY TEST FEE SCHEDULES.—Section 1833(h)(1)(A) of  
6 such Act (42 U.S.C. 1395l(h)(1)(A)) is amended by in-  
7 serting after “laboratory tests” the following: “(including  
8 prostate cancer screening tests under section 1861(pp)  
9 consisting of prostate-specific antigen blood tests)”.

10       (d) CONFORMING AMENDMENT.—Section 1862(a) of  
11 such Act (42 U.S.C. 1395y(a)), as amended by section  
12 4(c)(4), is amended—

13               (1) in paragraph (1)—

14                       (A) in subparagraph (F), by striking  
15               “and” at the end,

16                       (B) in subparagraph (G), by striking the  
17               semicolon at the end and inserting “, and”, and

18                       (C) by adding at the end the following new  
19               subparagraph:

20               “(H) in the case of prostate cancer screening  
21       tests (as defined in section 1861(oo)), which are per-  
22       formed more frequently than is covered under such  
23       section;”; and

24               (2) in paragraph (7), by striking “or (G)” and  
25       inserting “(G), or (H)”.

1 **SEC. 6. DIABETES SCREENING BENEFITS.**

2 (a) DIABETES OUTPATIENT SELF-MANAGEMENT  
3 TRAINING SERVICES.—

4 (1) IN GENERAL.—Section 1861(s)(2) of the  
5 Social Security Act (42 U.S.C. 1395x(s)(2)), as  
6 amended by sections 4(a)(1) and 5(a), is amended—

7 (A) by striking “and” at the end of sub-  
8 paragraph (Q);

9 (B) by adding “and” at the end of sub-  
10 paragraph (R); and

11 (C) by adding at the end the following new  
12 subparagraph:

13 “(S) diabetes outpatient self-management train-  
14 ing services (as defined in subsection (qq)); and”.

15 (2) DEFINITION.—Section 1861 of such Act  
16 (42 U.S.C. 1395x), as amended by sections 4(a)(2)  
17 and 5(b), is amended by adding at the end the fol-  
18 lowing new subsection:

19 “DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING  
20 SERVICES

21 “(qq)(1) The term ‘diabetes outpatient self-manage-  
22 ment training services’ means educational and training  
23 services furnished to an individual with diabetes by or  
24 under arrangements with a certified provider (as described  
25 in paragraph (2)(A)) in an outpatient setting by an indi-  
26 vidual or entity who meets the quality standards described



1 in paragraph (2)(B), but only if the physician who is man-  
2 aging the individual's diabetic condition certifies that such  
3 services are needed under a comprehensive plan of care  
4 related to the individual's diabetic condition to provide the  
5 individual with necessary skills and knowledge (including  
6 skills related to the self-administration of injectable drugs)  
7 to participate in the management of the individual's condi-  
8 tion.

9 “(2) In paragraph (1)—

10 “(A) a ‘certified provider’ is an individual or  
11 entity that, in addition to providing diabetes out-  
12 patient self-management training services, provides  
13 other items or services for which payment may be  
14 made under this title; and

15 “(B) an individual or entity meets the quality  
16 standards described in this paragraph if the individ-  
17 ual or entity meets quality standards established by  
18 the Secretary, except that the individual or entity  
19 shall be deemed to have met such standards if the  
20 individual or entity meets applicable standards origi-  
21 nally established by the National Diabetes Advisory  
22 Board and subsequently revised by organizations  
23 who participated in the establishment of standards  
24 by such Board, or is recognized by the American Di-

1       abetes Association as meeting standards for furnish-  
2       ing the services.”.

3           (3) CONSULTATION WITH ORGANIZATIONS IN  
4       ESTABLISHING PAYMENT AMOUNTS FOR SERVICES  
5       PROVIDED BY PHYSICIANS.—In establishing payment  
6       amounts under section 1848(a) of the Social Secu-  
7       rity Act for physicians’ services consisting of diabe-  
8       tes outpatient self-management training services, the  
9       Secretary of Health and Human Services shall con-  
10      sult with appropriate organizations, including the  
11      American Diabetes Association, in determining the  
12      relative value for such services under section  
13      1848(c)(2) of such Act.

14      (b) BLOOD-TESTING STRIPS FOR INDIVIDUALS WITH  
15      DIABETES.—

16           (1) INCLUDING STRIPS AS DURABLE MEDICAL  
17      EQUIPMENT.—Section 1861(n) of such Act (42  
18      U.S.C. 1395x(n)) is amended by striking the semi-  
19      colon in the first sentence and inserting the follow-  
20      ing: “, and includes blood-testing strips for individ-  
21      uals with diabetes without regard to whether the in-  
22      dividual has Type I or Type II diabetes or to the in-  
23      dividual’s use of insulin (as determined under stand-  
24      ards established by the Secretary in consultation  
25      with the American Diabetes Association);”.

(2) PAYMENT FOR STRIPS BASED ON METHODOLOGY FOR INEXPENSIVE AND ROUTINELY PURCHASED EQUIPMENT.—Section 1834(a)(2)(A) of such Act (42 U.S.C. 1395m(a)(2)(A)) is amended—

(A) by striking “or” at the end of clause

(ii);

(B) by adding “or” at the end of clause

(iii); and

(C) by inserting after clause (iii) the following new clause:

“(iv) which is a blood-testing strip for an individual with diabetes,”.

(c) ESTABLISHMENT OF OUTCOME MEASURES FOR BENEFICIARIES WITH DIABETES.—

(1) IN GENERAL.—The Secretary of Health and Human Services, in consultation with appropriate organizations (including the American Diabetes Association), shall establish outcome measures, including glycosylated hemoglobin (past 90-day average blood sugar levels), for purposes of evaluating the improvement of the health status of medicare beneficiaries with diabetes mellitus.

(2) RECOMMENDATIONS FOR MODIFICATIONS TO SCREENING BENEFITS.—Taking into account information on the health status of medicare bene-

1       ficiaries with diabetes mellitus as measured under  
2       the outcome measures established under paragraph  
3       (1), the Secretary shall from time to time submit  
4       recommendations to Congress regarding modifica-  
5       tions to the coverage of services for such bene-  
6       ficiaries under the medicare program.

7   **SEC. 7. EFFECTIVE DATE.**

8       The amendments made by this Act shall apply to  
9       items and services furnished on or after January 1, 1996.

○

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